

Evaluation, Eligibility, Placement Timeline Extension Request

School System _____ School _____
Student's Name _____ Date _____

_____ (student's name) was referred for a comprehensive evaluation in order to determine eligibility and need for special education on _____ (date). We received the signed *Informed Parental Consent for Evaluation* on _____ (date). This child's evaluation, eligibility determination, and placement time frame were proposed to be completed within 40 school days from this date or by _____ (date). Due to the reason listed below, we are requesting permission to waive the 40 school day evaluation, eligibility determination, and placement time frame as stated at §0520-1-9-.10 of Tennessee's *Rules, Regulations, and Minimum Standards*. This child's evaluation, eligibility determination, and placement will be completed no later than _____ (date). The following information outlines the reason for needing extended time to evaluate this child, and the number of additional school days required to complete these procedures.

Reason for Delay (choose the ONE that is most appropriate)	Additional # of School days required
Limited access to professional staff	<input type="checkbox"/>
Student/family language delays	<input type="checkbox"/>
Student transfer from another district	<input type="checkbox"/>
Student transfer within the district	<input type="checkbox"/>
Waiting on specialist reports	<input type="checkbox"/>
Excessive student absences	<input type="checkbox"/>
Parent did not show for scheduled meeting, or parent cancelled scheduled meeting too late to reschedule within timelines, or parent requested to schedule meeting outside of timelines	<input type="checkbox"/>
Student/parent serious medical issues	<input type="checkbox"/>
Repeated attempts to contact parents failed	<input type="checkbox"/>
Student shows documented progress when provided with researched-based interventions in general education classroom	<input type="checkbox"/>
Other: Explain-	<input type="checkbox"/>

Have parents been informed of the reasons for the delay? Yes ☐ No ☐

I have been informed of and agree to the school's request for an extension to the 40 school day timeline in order to complete an initial evaluation; determine eligibility for special education; and, if eligible, determine appropriate placement. I have reviewed the enclosed brochure entitled *Notice of Procedural Safeguards*.

Signature of Parent or Guardian (if obtainable): _____ Date: _____
Comments: _____

FOR SCHOOL SYSTEM COMPLETION

Referring Assessment Person _____ Position _____

Supervisor/Coordinator's Approval Signature _____

Date Evaluation Timeline Waiver Faxed to TDOE _____

Fax to 615-532-9412

FOR TDOE USE ONLY

_____ Date Received

_____ Date of Review

STATUS: _____ APPROVED for _____ Additional School Days
_____ NOT APPROVED

New Eligibility/Placement Date _____

Signature – Department of Education

_____ Date